

Case Number:	CM13-0061561		
Date Assigned:	12/30/2013	Date of Injury:	01/29/2013
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, posttraumatic stress disorder, and major depressive disorder reportedly associated with an industrial injury of January 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy, per the claims administrator; anxiolytic medications; psychotropic medications; cognitive behavioral therapy; and at least one prior epidural steroid injection, per the claims administrator. In a Utilization Review Report of November 19, 2013, the claims administrator denied a request for an epidural steroid injection, citing a lack of benefit with a prior injection. The applicant's attorney subsequently appealed. A December 3, 2013 progress note is notable for comments that the applicant reports persistent neck, shoulder, and low back pain. Decreased sensation is noted about the left L5 dermatome. Second and third epidural steroid injections and chiropractic manipulative therapy are sought while the applicant is placed off of work, on total temporary disability. It is stated that the applicant may be off of work on mental health grounds as opposed to on medical grounds.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REPEAT EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): . 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on functional improvement with prior blocks. In this case, however, there is no seeming evidence of functional improvement with prior blocks. The employee has seemingly failed to return to work, whether as a result of medical issues or mental health issues or some combination of the two. The employee remains highly reliant on various medical treatments, including chiropractic manipulative therapy and analgesic medications. Repeating epidural steroid injection therapy in the face of the employee's failure to respond favorably to prior injections is not indicated. Therefore, the request is not certified, on Independent Medical Review.